

28 DEC 2005

Utility (NOT Claiming Benefit to Provisional Application or Design Application 10/54008

Application Serial No. 10/540,086 Attorney Docket No. 4544-051936

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THE CHARACTERIZATION OF HUPB GENE ENCODING HISTONE LIKE

PROTEIN OF MYCOBACTERIUM TUBERCULOSIS (Invention Title) the specification of which: is filed concurrently herewith. OR was filed as U.S. Application No. (mm/dd/yyyy) and was amended on (mm/dd/yyyy). (if applicable) OR X was filed as PCT International Application No. PCT/IN2003/000302 on 09/09/2003 (mm/dd/yyyy) and was amended under PCT Article 19 on (mm/dd/yyyy) and/or PCT Article 34 on (mm/dd/yyyy). (if applicable) (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I do not know and do not believe that the invention was ever known or used in the United States before my invention thereof; or patented or described in any printed publication in any country any time by others before my invention or by anyone more than one year prior to this application; or in public use or on sale in the United States by anyone more than one year prior to this application.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

application, prior to the filing date in the United States of this application.

subject of an inventor's certificate, by me or my legal representatives or assigns in any country foreign to the United States on a patent application or inventor's certificate filed more than twelve months, or six months for a design

I do not know and do not believe that the invention has been patented or caused to be patented, or was the

Application Serial No. 10/540,086 Attorney Docket No. 4544-051936

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or (f), or §365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION NO.	COUNTRY	FOREIGN FILING DATE (mm/dd/yyyy)	PRIORITY NOT CLAIMED	CERTIFIE ATTAC	
1274/DEL/02	India	12/18/2002		YES	NO

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NO.	FILING DATE	

I hereby appoint the practitioners associated with

Customer Number 28289

to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Please send all correspondence to Customer Number 28289.

Please direct all telephone calls to William H. Logsdon, at telephone number (412) 471-8815.

The law firm of **THE WEBB LAW FIRM** whose address is 700 Koppers Building, 436 Seventh Avenue, Pittsburgh, Pennsylvania 15219-1845, Telephone No. 412-471-8815 has been assigned Customer Number 28289 by the United States Patent and Trademark Office.

Application Serial No. 10/540,086 Attorney Docket No. 4544-051936

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1.	
FULL NAME OF INVENTOR	
Krishna Prasad HANUMANTHAPPA	
INVENTOR'S SIGNATURE L. L. Lug Pousad RESIDENCE	STH Sept. 2005
Department of Biotechnology, All India Institute of Me	edical Sciences, New Delhi 110 029, INDIA
India	
MAILING ADDRESS	
Department of Biotechnology, All India Institute of Me	edical Sciences, New Delhi 110 029, INDIA
2.	
FULL NAME OF INVENTOR	
Savita PRABHAKAR	
INVENTOR'S SIGNATURE	DATE
RESIDENCE	
Department of Biotechnology, All India Institute of Me	edical Sciences, New Delhi 110 029, INDIA
COUNTRY OF CITIZENSHIP	
India	
MAILING ADDRESS	
Department of Biotechnology, All India Institute of Me	
 Before signing this declaration each person signing mus 	
1. Review the declaration and verify the correctness of	of all information therein; and

Review the specification and the claims, including any amendments made to the claims.

Checked Box indicates ____ additional page(s) for inventor signatures.

2.

Application Serial No. 10/540,086 Attorney Docket No. 4544-051936

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<u>1</u>	
FULL NAME OF INVENTOR	
Krishna Prasad HANUMANTHAPPA	
INVENTOR'S SIGNATURE	DATE
M-1- Uni Chun Foasad	STH Sept., 2005
RESIDENCE	3 401.3 2003
Department of Biotechnology, All India Institute of Medical Sc COUNTRY OF CITIZENSHIP	iences, New Delhi 110 029, INDIA
COUNTRY OF CITIZENSHIP	
India	•
MAILING ADDRESS	
Department of Rictochnology, All India Institute of Madical Sa	iones Non D. H. 140 000 ANDYA
Department of Biotechnology, All India Institute of Medical Sc	iences, New Deini 110 029, INDIA
)2.	
FULL NAME OF INVENTOR	
Savita PRABHAKAR	
INVENTOR'S SIGNATURE	DATE
l Rant	12th Sept. 2005
RESIDENCE	12 Sept, 2005
Department of Biotechnology, All India Institute of Medical Sc	ciences, New Delhi 110 029, INDIA
COUNTRY OF CITIZENSHIP	
India	
MAILING ADDRESS	
·, · · · · · · · · · · · · · · · · · · 	
Department of Biotechnology, All India Institute of Medical Sc	ciences, New Delhi 110 029, INDIA
Before signing this declaration each person signing must: Review the declaration and verify the correctness of all inf	
 Review the declaration and verify the correctness of all inf Review the specification and the claims, including any ame 	formation therein; and
2. Action the specification and the claims, including any ame	enuments made to the claims.

additional page(s) for inventor signatures.

Page 3 of 4
BEST AVAILABLE COPY

X Checked Box indicates 1

		Dutable Guide
	E ALLUMANUS	13 th 2011 350 2
		A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		in and the second
BURGER/RESS	The Land	- 8 Sept 20-5
Reversions.		<u>wa</u>
Est. St.		
BURN BRADE		<u>-911/15/05/55</u>
La Contraction		
luxea wex		
TO SHEET HEAVIE		AND TO SERVICE STREET
C. Paris de Maria		
		ZENT KAN KAMANAMAGAN (SA)
West Translation		

Application Serial No. 10/540,086 Attorney Docket No. 4544-051936

3.	
FULL NAME OF INVENTOR	
Anjaki MISHRA	
INVENTOR'S SIGNATURE	DATE
RESIDENCE	
RESIDENCE	
Department of Biotechnology, All India Institute of	Medical Sciences, New Delhi 110 029, INDIA
COUNTRY OF CITIZENSHIP	
India	
MAILING ADDRESS	
Department of Biotechnology, All India Institute of	f Madical Sciences New Dolhi 110 020 INDIA
/	Medicai Sciences, New Denn 110 023, INDIA
4/	
FULL NAME OF INVENTOR	Faigl ligge 6th Sept 2005
Tyagi Jaya SIVASWAMI	Jay lyage 6 sept as
INVENTOR'S SIGNATURE	DATE
RESIDENCE	
RESIDENCE	
Department of Biotechnology, All India Institute of	f Medical Sciences, New Delhi 110 029, INDIA
COUNTRY OF CITIZENSHIP	
India	
MAILING ADDRESS	
Department of Biotechnology, All India Institute of	f Medical Sciences New Delhi 110 029 INDIA
Department of Biotechnology, An India Institute o	i inculcat Sciences, New Delin 110 023, India
5.	
FULL NAME OF INVENTOR	
INVENTOR'S SIGNATURE	DATE
RESIDENCE	
120.23.102	
COUNTRY OF CITIZENSHIP	
·	
MAILING ADDRESS	